Women's Specialty Services (WSS) Guidelines for Completing the Women, Pregnant Women, and Women with Dependent Children Progress Report Form

As indicated on the form, this is an annual report due no later than November 30 for the prior fiscal year and it must be submitted electronically to: MDCH-MHSA-Contracts-MGMT@michigan.gov. In the spaces provided at the top of the page, indicate the PIHP name and the fiscal year the report covers.

Publicizing Women's Specialty Services

Please indicate in the table provided any and all activities that the PIHP and it WSS programs are engaged in to promote women's services.

Unduplicated Treatment Services Provided

In the table, provide the name of the service provider, both designated women's providers and other providers considered to be gender competent, and then the corresponding information in each column. Please do not leave any blanks in a row, if a column does not apply, just indicate with a "0". *Please include providers out of region also, unless they are statewide providers (Odyssey, Salvation Army)

Prepaid Inpatient Health Plan (PIHP) Specific Information

This information should be provided by the PIHP for their entire region, as well as those clients sent out of region, and include all referrals and services provided by all providers not just Designated Women's Providers (DWPs).

Outcome Information

This information is for all programs that provide services to pregnant women. Please indicate which programs are DWPs by checking the box and then provide the corresponding information for each column.

Program Information

This information is necessary if any programs changed treatment services/criteria during the fiscal year. Complete the requested information for each provider that changed. If no changes occurred in any programs, this section can be left blank

The remaining questions are related to expectations from Federal requirements and state site visits. If information or data is not available, indicate why and how this is going to be addressed in the future.

Evidence-based Programs/Practices and Promising Practices

Please indicate any evidence-based practices and programs that your providers are engaged in at the time of the report. Also include a contact person and contact information for follow up questions. Provide the same information for promising practices in your region. Enhanced Women's Services (EWS) would be a good example of a promising practice

❖ Incomplete reports will be returned for corrections, and will not be considered submitted until corrections are completed and resubmitted.

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Outcome Information Table:

In the table, supply the name of the agency providing EWS. Complete each remaining section of the table. If there are no clients who meet the indicated criteria, please enter zero

Stable employment: any employment considered to be non-seasonal, with consistent work hours across time.

Stable housing: any housing that is a fixed, regular, and adequate nighttime residence for the family.

"Consistently participating in prenatal care" means attending appointments regularly and participating in the medical care offered during such appointments.

Non-substance exposed births are those infants born without any exposure to alcohol or illicit substances while in-utero.

"Families reunified" applies to those families involved with the child welfare system whose children are in out-of-home placement. Reunification refers to the time when the family is residing under the same roof again.

Children's Information:

The total number of children involved with EWS through their mothers. Any referral information given to mothers to access services for their children should be documented here.